



CALIFORNIA STATE ATHLETIC COMMISSION

1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197



2000 APPLICATION FOR PROFESSIONAL MARTIAL ARTS FIGHTER

PLEASE SUBMIT THE FOLLOWING:

1. \$60 Application Fee
2. Physical/Eye Examination by licensed Physician
3. Negative HIV/HBV Surface Antigen (Hepatitis B) test results on the letterhead of a certified laboratory in the United States
4. 2 Photographs (2" x 2") signed on back

OFFICE USE ONLY

License # _____

Received By _____

Date App Received _____

Amount Received \$_____ Method of Pymt. _____

Receipt # _____

P/E Date: ____ HIV Date:____ HBV Date:_____

APPROVE FOR TEMPORARY / PERMANENT
LICENSURE_____
Authorized Signature

FULL NAME: (Please Print)		LAST	FIRST	MIDDLE
RING NAME:			PHONE NUMBER ()	
ADDRESS: Street Number and Name		City	State	Zip Code
AGE	(Circle One) M / F	Date of Birth	Social Security Number (Mandatory)	Height ft. in.
				Ring Weight lbs.

ARE YOU LICENSED AS A PROFESSIONAL BOXER IN ANY OTHER STATE OR COUNTRY? ☐ YES ☐ NO

If answer is yes, list state or country: _____

ARE YOU NOW SUSPENDED OR ON AN "ILL OR UNAVAILABLE LIST" IN ANY STATE OR COUNTRY? ☐ YES ☐ NO

If answer is yes, list state or country and explain: _____

AMATEUR RECORD:

WINS: _____

WINS BY KO: _____

LOSSES: _____

LOSSES BY KO: _____

DRAWS: _____

PROFESSIONAL RECORD:

WINS: _____

WINS BY KO: _____

LOSSES: _____

LOSSES BY KO: _____

DRAWS: _____

(Please Complete Other Side)

LIST ALL YOUR PROFESSIONAL BOXING CONTESTS. (If all your bouts are listed in a boxing publication, give the name, edition and page number.)

DATE OF FIGHT	OPPONENT	RESULT	CITY AND STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME OF MANAGER: _____

DOES ANY PERSON OTHER THAN THE ABOVE NAMED MANAGER HAVE A FINANCIAL INTEREST IN YOUR RING EARNINGS OR A PROPRIETARY INTEREST IN MANAGING YOU? ☐ YES ☐ NO

Name(s) _____ Explain the Interest: _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS?

☐ YES ☐ NO (You must answer "YES" even if a conviction or a plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned under Section 1203.4 of the Penal Code.)

If answer is "YES," explain and attach copy of conviction: _____

HAVE YOU EVER BEEN DISCIPLINED, FINED, SUSPENDED OR REVOKED BY ANY ATHLETIC COMMISSION?

☐ YES ☐ NO If answer is Yes, explain (include special conditions): _____

HAVE YOU EVER USED ANY OTHER NAMES(S)? If answer is Yes, list name(s): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City: _____

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405 (c) (C) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a professional boxer license, that all the answers given are my own and that all the answers are true AND THAT THE HIV/HBV TEST REPORT REPRESENTS MY HIV/HBV TEST RESULTS. Further, I understand that any misstatement of material fact in this application will constitute grounds for revoking of my license.

APPLICANT'S SIGNATURE _____ DATE _____